Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003								10105636					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (			OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS			45				RAT	E	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			4 Ininus 20=		. 25		X\$ 9	)=	225	OR	X\$18=		
INDEPENDENT CLAIMS			/ mii	nus 3 =	*		X43	=	MU )	OR	X86=		
МU	LTIPLE DEPEN	DENT CLAIM PI	RESENT		<del></del>		1 4 5				+290=		
* If the difference in column 1 is less than zero, ente					r "0" in c	column 2	+145		1:18	OR OR	TOTAL		
CLAIMS AS AMENDED - PART II							TOTA	4L	OI D	UH	OTHER	THAN	
(Column 1) (Column 2) (Column 3)							SMA	LL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	)=		OR	X\$18=		
	Independent	*	Minus	***		=	X43	=		OR	X86=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN.	T CLAIM		+145	 5=		OR	+290=		
								TAL		ł	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT.	rtt			ADDIT. I EE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY ) FOR	PRESENT EXTRA	RAT	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	-	Minus	**		=	XS 9	9=		OR	X\$18=		
	independent	*	Minus	***		]=	X43	3=		OR	X86=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		+14	 5=		OR	+290=		
							<u> </u>	TAL		OR	TOTAL		
	(Column 1) (Column 2) (Column 3)									10	ADDIT, FEE	<u> </u>	
Г		(Column 1) CLAIMS	1	нIGi	HEST	-Column 3			ADDI-	1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY DECE	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**			\. \. \. \. \. \. \. \. \. \. \. \. \. \	9=		OR	X\$18=	1	
	Independent		Minus	***		-	X43	) =		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	 5 -		1	000		
	<ul> <li>If the entry in column 1 is less than the entry in column 2, write "5" in column 3</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> </ul>								<del> </del>	OR	TOTAL	-	
**	If the "Highest Nu "If the "Highest Nu	mber Previously P imber Previously F	aid For" IN TH Paid For" IN TH	IS SPACE IS SPACE	is less th	an 20, enter "20." an 3, enter "3."	ADDIT.	TAL FEE		OR	ADDIT FEE	<u> </u>	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

Patient and Trademark Office U.S. DEPARTMENT OF COMMERCE